

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000893

FILED
Apr 07, 2009
Secretary of State

Entity Name: TOWER ROAD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET
STE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
STE 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3487468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL
500 NW 43RD STREET STE. 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DR., SAMARKOS
Address: 105 NW 15TH ST STE 1
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: BARKLEY, JENNIFER
Address: 101-3 NORTHWEST 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: THOMAS, GARY
Address: 255 PRIMERA BLVD STE 332
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DR., SAMARKOS
Address: 105 NW 15TH ST STE 1
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. SAMARKOS

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date